

**IDAHO STATE BOARD OF EDUCATION**  
**ACADEMIC/PROFESSIONAL-TECHNICAL EDUCATION**  
**NOTICE OF INTENT**

**to initiate a**  
**NEW, EXPANDED, COOPERATIVE, DISCONTINUED, PROGRAM COMPONENT OR OFF-CAMPUS**  
**INSTRUCTIONAL PROGRAM OR ADMINISTRATIVE/RESEARCH UNIT**

\_\_\_\_\_  
Institution Submitting Proposal

\_\_\_\_\_  
Name of College, School, or Division / \_\_\_\_\_  
Name of Department(s) or Area(s)

**Indicate if this NOI is for an Academic \_\_\_\_\_ or Professional-Technical \_\_\_\_\_ Program**

A New, Expanded, Cooperative, Contract, or Off-Campus Instructional Program or Administrative/Research Unit  
(circle one) leading to:

\_\_\_\_\_  
(degree or certificate)

Proposed Starting Date: \_\_\_\_\_

**FOR NEW PROGRAMS ONLY**

**FOR OTHER ACTIVITY:**

\_\_\_\_\_  
Program (i.e., degree) Title & CIP 2000

- ☐ Program Component (major/minor/option/emphasis)
- ☐ Off-Campus Activity/Resident Center
- ☐ Administrative/Research Unit
- ☐ Addition/Expansion
- ☐ Discontinuance/consolidation
- ☐ Contract Program

**This Notice of Intent has been approved by:**

\_\_\_\_\_  
Chief Fiscal Officer (Institution)      Date

\_\_\_\_\_  
State Administrator, SDPTE      Date

\_\_\_\_\_  
Chief Academic Officer (Institution)      Date

\_\_\_\_\_  
SBOE/OSBE Approval      Date

\_\_\_\_\_  
President      Date

**Before completing this form, refer to the "Board Policy Section III.G. Program Approval and Discontinuance.**

1. Briefly describe the nature of the request e.g., is this a new program (degree, program, or certificate) or program component (e.g., new, discontinued, modified, addition to an existing program or option).
2. Briefly describe how the institution will ensure the quality of the program (e.g., accreditation, professional societies, licensing boards, etc.).
3. Duplication--Is this request unique to the system? If not, briefly describe the rationale for the duplication.
4. Succinct statement of need for program or program modification. Include student and state need, demand, and employment potential. Attach a Scope and Sequence, DPTE Form Attachment B, for professional-technical education requests. **(Use additional sheets if necessary.)**
5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution. (i.e., centrality).
6. Resources--Faculty/Staff/Space Needs/Capital Outlay. (Use additional sheets if necessary.):

Estimated Fiscal Impact:                      FY \_\_\_\_\_                      FY \_\_\_\_\_                      FY \_\_\_\_\_

**A. Source of Funds**

- |                              |       |       |       |
|------------------------------|-------|-------|-------|
| 1. Appropriated-reallocation | _____ | _____ | _____ |
| 2. Appropriated-new          | _____ | _____ | _____ |
| 3. Federal                   | _____ | _____ | _____ |
| 4. Other: _____              | _____ | _____ | _____ |

**B. Nature of Funds**

- |                    |       |       |       |
|--------------------|-------|-------|-------|
| 1. Recurring *     | _____ | _____ | _____ |
| 2. Non-recurring** | _____ | _____ | _____ |
| Grand Total        | _____ | _____ | _____ |

**\* Recurring is defined as ongoing operating budget for the program, which will become of the base.**

**\*\* Non-recurring is defined as one-time funding in a fiscal year and not part of the base.**